

**Human Resources/Employee Benefits & Services
NEW/PERMANENT FULL-TIME EMPLOYEES
Payroll/Personnel Assistant (PPA) Check List & Instructions**

Name: _____ SSN: _____

Dept/Div: _____ Position: _____

Health/Dental Insurance Selection Form

It is the PPA's responsibility to ensure that this form is accurately completed.

1. POS or PacifiCare HMO plans must list physician's name and medical group.
2. PacifiCare Dental must list a dental office code.
3. Payroll deduction amount must be entered; if none, enter "0".
4. In-Hospital Indemnity Plan: check the appropriate box or the decline coverage box.
5. Eligible dependents: list on front of form and on reverse of form if they reside at a different address. All areas must be completed. POS or PacifiCare HMO plans must list a physician's name and medical group for self and each dependent. If on PacifiCare Dental, employee and each dependent must list a dental office code.
6. If an employee or dependent has other insurance coverage, this information must be listed on the reverse side of the form.
7. Employees must provide proof of eligibility for dependent(s), or sign a Dependent Insurance Coverage Eligibility (DICE) memo agreeing to provide the necessary documentation within three (3) months. Please refer to the instructions on completing the DICE memo on page two.
8. Form must be signed and dated on the back.
9. Send an original and two copies to Employee Benefits & Services; place one copy in the employee's department personnel file.
10. Once you have determined that the form has been correctly completed and signed, provide the employee with the following: handbooks and directories for both their health and dental plans. Issue ID cards to the employee and dependents if Great-West PPO plans were selected.

Life Insurance - \$20,000 Term Life Insurance Benefit

Employee must indicate the name(s) and relationship of beneficiaries on the Great-West Life green card. PPA should forward the original card to Employee Benefits & Services with the Health/Dental Insurance Selection Form.

Health/Dental & Life Insurance Waiver Form

Please inform any employee who elects to waive any part of their Health/Dental & Life coverage that they waive **all** coverage and will not be eligible to enroll in a plan until the following open enrollment period.

DICE Memo

1. Complete the Verification Form with the employee's name, social security number, and Department.
2. Employee completes the rest of the form.
3. Give the employee a copy of this form along with the accompanying memo. You should hold and monitor the original DICE memo to verify employee provides the appropriate documentation by using a tickler file, etc.
4. Completed DICE memo is to be filed in the employee's department personnel file.
5. If employee does not provide eligibility proof within three (3) months of hire date, this form is to be forwarded to Employee Benefits & Services with a note indicating same.

Note: Employees with dependent(s) have up to three (3) months to provide eligibility proof of their dependent(s). Please refer to the Employee Benefits Summary Book for the list of eligible dependents & documents required. All copies of the documents must be placed in the employee's department personnel file.

COBRA Continuation of Health Coverage

A new employee filling out an Insurance Selection Form, should also be given a copy of the Memorandum on COBRA-Continuation of Health Coverage. If the employee has dependents that are being added to the health/dental plans, mail a copy of the COBRA letter (To The Family Members of City of Long Beach Employees) to their home address. After completion of the preceding, prepare a Proof of COBRA Notification Form and place it in the employee's department personnel file.